

McLaren Print System Order

Order No: 50337 Reprint Previous Order No: 6293  
Order Date: 2019-11-17  
User: Alicia Mullett  
Phone: 9893932850

Ship Location: MCLAREN OCCUPATIONAL HEALTH  
4 Columbus Ave Suite 140  
Bay City , MI 48708

Forms

Quantity: 2500  
Paragon Dept No: 56052  
Dept Name: occupational health  
Company Number: 810

Order Total Price: 100.50

Item Number: 17418  
Item Description: Authorization to Release Information (this is a corporate wide form c/o Medical Records)  
Revision Date: 4/28/2015  
Print: 2 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish:  
Drill: None  
Misc Info:

**McLAREN HEALTHCARE**  
**Authorization to Release Information**

Patient Name \_\_\_\_\_ Ethnicity \_\_\_\_\_ Medical Record Number \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Identification Number \_\_\_\_\_

I authorize \_\_\_\_\_ to release to \_\_\_\_\_  
(Name) (Name)  
\_\_\_\_\_ (Address)  
(Address) (City, State, Zip) \_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_ (County/Parish)  
(City/State/Zip) \_\_\_\_\_ (Postal address)

Specific type of information to be disclosed: \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_  
 History and Physical  Operative Report  Physician's Notes  
 Consultation Reports  Therapy Notes  Discharge Summary  
 Laboratory Results  Billing Records  Home Care Records  
 Diagnostic Imaging (e.g., X-Ray reports from (date) \_\_\_\_\_  
 Diagnostic Imaging (e.g., X-Ray reports from (date) \_\_\_\_\_  
 Other \_\_\_\_\_

Sensitive information to be disclosed: \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_  
 Behavioral and Mental Health Service Information (including Psychotherapy Notes)  
 Substance abuse/alcohol and substance use disorder  
 Communicable diseases such as sexually transmitted diseases and human immunodeficiency virus (HIV infection, Acquired Immune Deficiency Syndrome or AIDS-Related Complex)

Consent to release Entire Medical Record, for dates of service listed, including all information noted above.  
Date(s) of Service: \_\_\_\_\_  
\_\_\_\_\_ Date

Please continue to the other side of this form for Acknowledgements and signatures.